

# MEDICAID APPLICATION **2019**

## ADMH

### OFFICE OF AUTISM SERVICES



#### ENROLLMENT FORMS INCLUDED IN THIS APPLICATION:

- Provider Disclosure Form (2 pages)
- Corporate Board of Directors Resolution (1 page)
- Signature Page
- Civil Rights Compliance Information Package (17 pages)
- Provider Agreement (5 pages) – Separate attachment

#### INSTRUCTIONS:

- 1) Complete enrollment forms by typing or printing legibly using black ink only.
- 2) Complete a Provider Disclosure Form for each applicable individual, **as indicated on the Disclosure Form**.
- 3) Complete one copy of each of the remaining forms.
- 4) Attach **ALL** additional documents indicated within the 17 pages of instructions on the Civil Rights Compliance Information Packet.
- 5) Attach a Certificate of Incorporation (for Alabama) or Certificate of Authority (if corporation is registered in a state other than Alabama)
- 6) Attach a certified check **or** cashier's check in the amount of \$586.00 made payable to Alabama Medicaid
- 7) Make a copy of the application for your files.
- 8) Send the original, signed, application to:

**Alabama Department of Mental Health**

**ATTN: Autism Services**

**100 North Union Street**

**PO Box 301410**

**Montgomery, AL 36130**

**X Initial Enrollment**ATN # NA – Alabama Department of Mental Health Application**PROVIDER DISCLOSURE FORM**

**Providers who operate as a corporation, organization, institution, agency, partnership, professional association, or similar entity must complete the following information for each of the following individuals:** (Print/Make additional copies as necessary)

Owners                      Officers                      Shareholders with 5% or more controlling interest  
 Agents                      Directors                      Managing Employees

**This form must be completed for anyone who holds one of the above listed positions. Completion of this form requires that a valid answer be provided to EVERY question. Incomplete forms will be returned for the missing information.**

**The completion of this form is required to establish a new group or payee or update an enrolled group or payee.** Please note that the address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address. Attach additional sheets if necessary.

Name:	Title:
Home Address:	Business Address:
Social Security Number:	Employer's Tax ID:
Driver's License Number & Issuer:	Driver's License Expiration Date:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Previous Home Address:	Previous Business Address:

List the name and address of each person with an ownership or controlling interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more. This includes relatives.

Name	Address

List the names of **any other disclosing** entity in which person with an ownership or control interest in the disclosing entity also has an ownership or control interest of at least 5% or more.

NOTE: Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under the title V, XVIII, or XX of the Act.

Name	Address	Tax ID	%

Are you related as spouse, parent, child, or sibling to any other owner, officer, agent, managing employee, director or shareholder? ☐ Yes ☐ No If yes, please give names and relationships (Attach additional sheets if necessary):

Name	Relationship

**X Initial Enrollment**ATN # NA – **Alabama Department of Mental Health Application****PROVIDER DISCLOSURE FORM (cont.)**

List any business transactions with wholly owned suppliers or any subcontractors totaling more than \$25,000, during the last 12 months.

FULL LEGAL NAME	ADDRESS	AMOUNT OF BUSINESS TRANSACTION	RELATIONSHIP

Have you ever been excluded, debarred, or sanctioned from any state or federal program? ☐ Yes ☐ No  
 If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license: (attach additional sheets if necessary)

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Is your license currently suspended or restricted? ☐ Yes ☐ No

If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license: (attach additional sheets if necessary)

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Have you ever been convicted of a crime? (excluding minor traffic citations) ☐ Yes ☐ No

**Convicted means that:**

- . A judgement of conviction has been entered against an individual or entity by a Federal, State or local court, regardless of whether:
  - a) There is a post-trial motion or appeal pending, or
  - b) The judgement of conviction or other record related to the criminal conduct has been expunged or otherwise removed;
- . A Federal, State or local court has made a finding of guilt against an individual or entity;
- . A Federal, State or local court has accepted a plea of guilty or *nolo contendere* by an individual or entity; or
- . An individual or entity has entered into participation in a first offender, deferred adjudication, or other program or arrangement where judgement of conviction has been withheld.

If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license:

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Do you have any outstanding criminal fines, restitution orders, or overpayments identified in this state or any other state? ☐ Yes ☐ No

☐ ☒ Initial Enrollment  
 ATN # NA – Alabama Department of Mental Health Application

☐ Reenrollment  
 NPI # \_\_\_\_\_  
 MCD # \_\_\_\_\_

## **CORPORATE BOARD OF DIRECTORS RESOLUTION**

Required for corporations only and **must** be an original, notarized form.

**For physician groups that operate as corporations, this form must only be filled out once and submitted for the group web portal application.**

State of \_\_\_\_\_

County of \_\_\_\_\_

On The \_\_\_\_\_ Day Of \_\_\_\_\_, \_\_\_\_\_ At A Meeting Of The Board  
 of Directors of \_\_\_\_\_, A Corporation, Held in The City Of

\_\_\_\_\_, In \_\_\_\_\_ County, With a Quorum Of The Directors  
 Present, The Following Business Was Conducted:

It Was Duly Moved And Seconded That The Following Resolution Be Adopted:  
 Be It Resolved That The Board Of Directors Of The Above Corporation Does Hereby Authorize

\_\_\_\_\_  
 Name of Authorized Individual

And His/Her Successors In Office To Negotiate, On Terms And Conditions That He/She May Deem  
 Advisable, A Contract Or Contracts With The Alabama Medicaid Agency, And To Execute Said Contract  
 Or Contracts On Behalf Of The Corporation, And Further We Do Hereby Give Him/Her The Power And  
 Authority To Do All Things Necessary To Implement, Maintain, Amend, Or Renew Said Contract.

The Above Resolution Was Passed By A Majority Of Those Present And Voting In Accordance With The  
 By-Laws And Articles Of Incorporation.

I Certify That The Above Constitutes A True And Correct Copy Of A Part Of The Minutes Of A Meeting Of  
 The Board Of Directors Of \_\_\_\_\_

Held On The \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Signature Of Secretary of Board

Subscribed And Sworn Before Me, \_\_\_\_\_, A Notary Public For The  
 County Of \_\_\_\_\_, On The \_\_\_\_\_ Day Of \_\_\_\_\_.

## ***PROVIDER WEB PORTAL APPLICATION SIGNATURE PAGE***

Signature must be original and be that of the applicant or an authorized representative ONLY if enrolling as a provider facility/group.

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Signature

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Printed or Typed Name

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Title

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Date

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NPI of Applicant





## Civil Rights Compliance Information Request Package



The Alabama Medicaid Agency is responsible for enforcing several civil rights laws as they apply to applicants and/or recipients of federal financial assistance from the United States Department of Health and Human Services (US DHHS). These laws prohibit discrimination based on race, color, national origin, age, disability, limited English proficiency, and in some instances, sex and religion.

As part of the application process for an Alabama Medicaid Provider, you must be evaluated for compliance with the civil rights laws as described above. In order to determine your eligibility to participate in federally financed programs, please provide the information identified in the enclosed Civil Rights Compliance Information Request Package.

If you have achieved a civil rights clearance and received a Medicare certification approval letter, the completed General Data section (page 4) and the Statement of Compliance (page 17) may be submitted in lieu of completing Medicaid's entire compliance packet. Medicaid compliance mirrors the Medicare compliance review requirements, as both programs are recipients of federal financial assistance and are monitored by the Office of Civil Rights for non-discrimination. If you have not enrolled with Medicare and have not received a civil rights clearance, you must complete Medicaid's compliance packet and submit it at the time of your initial enrollment and/or change of ownership, if applicable.

Alabama Medicaid encourages all of its providers to always stay abreast of and be in compliance with the most current policies and regulations concerning civil rights laws. For any assistance in completing this information, please contact the Enrollment & Sanctions Unit at (334) 242-5141.

Thank you for your cooperation.

## Civil Rights Compliance Information Request for Medicaid Certification



In order for a provider to participate as a provider of services in the Medicaid program, it must meet certain requirements. One such requirement is to ensure that qualified persons are not denied benefits or services based on race, color, national origin, disability, or age. In accordance with the Centers for Medicare and Medicaid Services (CMS) and civil rights regulations, it is the responsibility of the Alabama Medicaid Agency to conduct a review of such a provider to determine its compliance with the requirements of Title VI of the Civil Rights Act of 1964 (race, color, national origin or limited English proficiency), Section 504 of the Rehabilitation Act of 1973 (disability), the Age Discrimination Act of 1975, and Section 1557 of the Patient Protection and Affordable Care Act of 2010.

In order for Alabama Medicaid to determine compliance with the above requirements, please respond to this Civil Rights Compliance Information Request. To assist in providing this information, technical assistance materials have been included which may be helpful.

In determining a provider's compliance with the civil rights authorities cited above, Alabama Medicaid will evaluate the materials provided in response to the information request, which will allow Medicaid to examine compliance in the areas of:

- Nondiscrimination policies and the manner of their dissemination;
- Communication with persons who have a sensory or speech impairment;
- Communication with persons who have limited English proficiency;
- Provision of required notices and manner of providing notice;
- Section 504 coordination; and
- Restrictions based on age.

Based on your response to the information request, Alabama Medicaid Agency staff will determine the need for additional information, which may be obtained through a written request, telephone contact, or site review.

## Civil Rights Compliance Information Request for Medicaid Certification



In completing the attached Civil Rights Compliance application, below is a list of the required documentation that must be returned to the Alabama Medicaid Agency.

If provider is not enrolled in Medicare, submit the following:

- General Data about the provider (signature required) - Page 4, 5, and 6
- A copy of the provider's Nondiscrimination Policy - See example on Page 11
- A copy of the provider's Sensory and Speech Impairment Policy – See example on Page 13 and 14
- A copy of the provider's Limited English Proficiency Policy – See example on Page 15
- A copy of provider's Program – Facility Accessibility Policy – See example on Page 16
- Statement of Compliance (signature required) – Page 17

Attach a copy of the provider's most currently published newspaper article stating the provider's Nondiscrimination policy **(for LTC Facilities ONLY)**

OR

If provider is enrolled in Medicare, submit the following:

- General Data about the provider & Statement of Compliance (signature required)  
- Page 4 & 17
- Attach a copy of the provider's most recently published newspaper article stating the provider's Nondiscrimination policy **(for LTC Facilities ONLY)**

# Civil Rights Compliance Information Request for Medicaid Certification



Please return your response to this information request with your provider enrollment application.

Note: Please submit all data for numbers 1 through 7.

1. General data about the provider	
A. Name of provider	
B. Address (service location)	
C. Email	
D. Name of contact person	E. Phone number
F. ATN (if applicable)	G. Fax number
NA – Alabama Dept of Mental Health Application	
H. Medicare number (if applicable)	I. NPI
J. Medicaid number (if applicable)	K. Tax ID, if group or SSN, if individual
NA – Will be assigned upon approval	
Type of provider (physician, dentist, etc.)	
Number of employees (including part time)	

The provider (or authorized official, if applicable) must sign and date the certification below. Please ensure that complete responses to all information/data requests are provided to facilitate prompt processing of a provider's request for Medicaid participation. Failure to provide the information/data requested may delay provider's certification.

## CERTIFICATION:

I certify that the information provided to the Alabama Medicaid Agency is true and correct to the best of my knowledge.

Provider's Signature	Date
Provider's Title	

**General data about the provider (continued):**

2. A signed copy of the form, Statement of Compliance (included). (A copy should be kept by provider and a signed original must be returned with your response to information request.)

3. Data regarding your nondiscrimination policies and notices, including: *(Please see Attachment A "Establishing Effective Nondiscrimination Policies and Notice Procedures," for help in creating or modifying a nondiscrimination policy.)*

- A. A copy of your written notice(s) of nondiscrimination that provides for admission and services without regard to race, color, national origin, disability, or age.
- B. A description of the methods used by the provider to disseminate its nondiscrimination notice(s) to participants, beneficiaries, and potential beneficiaries, employees, patients, community organizations, and referral sources of the protection against discrimination assured them by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Section 1557 of the Patient Protection and Affordable Care Act of 2010. *(Please submit copies of brochures or newspaper articles, if publication is one of the methods used.)* Please describe methods used to provide this information to persons who have sensory impairments and to persons who have Limited English Proficiency (LEP).

4. Data regarding your staff's communication with persons of national origin who are LEP, including: *(Please see Attachment B, "How to Establish Effective Communication Procedures for Persons with Limited English Proficiency and for Persons with Impaired Hearing, Vision, or Speech," for help, if needed.)*

- A. A description (or copy) of procedures used by provider to communicate with persons who have LEP, including how you obtain qualified interpreters for such persons.
- B. Samples of all written material printed in a non-English language. (Notices, consent forms, waivers, description of services provided, explanation of procedures, etc). If none is available, a description of how LEP beneficiaries are provided the same information as other beneficiaries.

5. Procedures used by a provider to disseminate information to patients and potential patients about the existence and location of your services and facilities that are accessible to persons with disabilities. *(Please see Attachment C.)*

6. Data regarding the available auxiliary aids which a provider provides to persons with impaired sensory, manual, or speaking skills: *(Please see Attachment C, "504 Notice of Program Accessibility," for examples of auxiliary aids.)*

**General data about the provider (continued):**

- A. If a provider employs 15 or more persons, please contact Alabama Medicaid regarding other requirements under Alabama Medicaid's Section 504 regulations for providers with 15 or more employees.
  - B. If a provider employs fewer than 15 persons, a provider has a continuing obligation to ensure that qualified persons with disabilities are not denied services because of their disability. To meet this obligation, a provider should, on its initiative, examine the needs of sensory and speech-impaired patients/clients and potential patients/clients. Based on the needs identified, such auxiliary aids can be made readily available. Alabama Medicaid regulations do not specifically require a provider to furnish auxiliary aids if the provision of such aids would significantly impair a provider's ability to provide benefits and services.
7. Data regarding Age Discrimination Act, including a description or copy of any policy(ies) or practice(s) restricting or limiting admissions or services provided by a provider on the basis of age.

# Civil Rights Compliance Information Request for Medicaid Certification



## ATTACHMENT A

### ESTABLISHING EFFECTIVE NONDISCRIMINATION POLICIES AND NOTICE PROCEDURES

Various sections of the regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), the Age Discrimination Act of 1975, and Section 1557 of the Patient Protection and Affordable Care Act of 2010 *require providers that are "recipients" of Federal financial assistance to notify beneficiaries, potential beneficiaries, employees, and others of the availability of programs and services to all persons without regard to race, color, national origin, disability, Limited English Proficiency, or age. For notice to be effective, an appropriate policy statement of nondiscrimination must be adopted and disseminated.* (see Part II)

To meet these requirements, many providers elect to adopt a single policy of nondiscrimination on the basis of race, color, national origin, disability, or age in the provision of services and employment. Additional nondiscrimination factors, such as sex, religion or creed, methods of payment, etc., are sometimes added to meet other federal, state, or local requirements. (A model nondiscrimination policy statement is attached.)

Once adopted, the notice must be distributed to the general public and such protected groups as sensory impaired persons and those with Limited English Proficiency. "Effective Notice" does not mean that every individual within a particular group must be notified or that all publications must be translated into languages represented in the service area population. Nor does it specifically require an outreach program. It usually means, however, that the provider must take extra steps to ensure that persons protected by the regulations have an equal opportunity to receive notice of and access to its programs.

#### **(PART I) STEPS IN DEVELOPING AN EFFECTIVE NOTICE PROCEDURE**

An effective procedure can usually be developed by taking the following steps: (The specific procedure will necessarily reflect the kinds of information normally distributed by the provider, community resources available, and input from those resources.)

1. Identify the existing methods of distributing information on services, benefits, waivers of rights and consent to treatment to beneficiaries, potential beneficiaries, applicants and employees.

## Civil Rights Compliance Information Request for Medicaid Certification



1. Familiarize yourself with your service area by identifying the major languages and disabled groups. This can be done by gathering statistical data from such sources as the U.S. Census, local and state planning bodies, chambers of commerce, educational institutions, and other providers.
3. Determine if the existing methods of giving notice adequately reach persons with limited proficiency in English and persons with impaired vision or hearing.
4. Consult with members of these groups or with organizations representing them for suggestions about ways to give notice to their constituencies, such as at regular meetings and conferences, through newsletters or other publications, and by posting in the provider's office and locations frequented by the particular group.
  - For persons whose primary or exclusive language is other than English, translated versions of the notices and bilingual interpreters should be available. For persons who are sensory or speech impaired, braille versions, voice tapes, interpreters, or readers should be available depending upon the circumstances. The persons and groups receiving the notice are usually the best guides for determining the most effective methods.
5. Describe how the notices will be disseminated to Limited English Proficient speaking persons and to persons with sensory or speech impairments. This usually means adopting an instruction or standard operating procedure.
6. Notify and train appropriate staff about the notice procedure.

# Civil Rights Compliance Information Request for Medicaid Certification



## (PART II)

### NOTICE REQUIREMENTS AND REGULATION CITATIONS

#### **TITLE VI**

Notify participants, beneficiaries, and other interested persons of the provisions of the Title VI Regulation and how it applies to the recipient's program - 45 C.F.R. § 80.6(d);  
Notify all persons concerning their right to file a complaint of discrimination and the procedure for filing such a complaint - **45 C.F.R. § 80.6(d).**

#### **SECTION 504**

- Adopt and implement procedures to ensure that interested persons, including those with impaired vision or hearing, can obtain information about the recipient's facilities which are accessible to and usable by disabled persons - **45 C.F.R. § 84.22(f);**
- Notify disabled persons, including those with sensory or speech impairments, of any general notices of the recipient's services or benefits and of written materials concerning waivers of rights or consent to treatment (e.g., information releases, financial agreements, insurance assignments, informed consent for treatment) - **45 C.F.R. § 84.52(b);**
- Notify participants, beneficiaries, applicants, employees, and affiliated unions or professional organizations that the recipient does not discriminate on the basis of disability in violation of Section 504 in the areas of access, admission, treatment, or employment - **45 C.F.R. § 84.8(a);**

-Include in the notice the name or title of the employee designated by the recipient to be responsible for coordinating its efforts to comply with Section 504;

-Ensure that persons with impaired vision or hearing receive effective notice of the foregoing;

- Include the nondiscrimination notice in publications of general information about the recipient's programs by adding appropriate inserts in existing materials and publications or by revising and reprinting the materials and publications - **45 C.F.R. § 84.8(b).**

## Civil Rights Compliance Information Request for Medicaid Certification



### **AGE DISCRIMINATION ACT**

Notify program beneficiaries of the protection against discrimination on the basis of age provided by the Act and its regulations - **45 C.F.R. § 91.32(b)**. \*\*\*\*\*

*(Attached are examples of a nondiscrimination policy and a nondiscrimination statement which, if properly completed, are suitable for posting and other dissemination.)*

## Civil Rights Compliance Information Request for Medicaid Certification



*The following is an example of a nondiscrimination policy suitable for posting and other dissemination.*

### **NONDISCRIMINATION POLICY**

As a recipient of federal financial assistance, the **(name of provider)** does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by **(name of provider)** directly or through a contractor or any other entity with whom the **(name of provider)** arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

Provider Name  
Coordinator  
Telephone number  
TDD

*The following is a notice of nondiscrimination which was found to be acceptable as a shortened version of a provider's adopted policy of nondiscrimination. Owing to its brevity, such a statement is more convenient to include in publications, announcements, advertisements, etc., than the complete policy.*

**(Name of provider)** does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: **(name, phone number, TDD )**.

# Civil Rights Compliance Information Request for Medicaid Certification



## ATTACHMENT B

### **HOW TO ESTABLISH EFFECTIVE COMMUNICATION PROCEDURES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY AND FOR PERSONS WITH IMPAIRED HEARING, VISION, OR SPEECH**

The Department of Health and Human Services has issued regulations to notify health care and social service providers, who are recipients of federal financial assistance from the Department, of their civil rights obligations under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Section 1557 of the Patient Protection and Affordable Care Act of 2010. Regulations of Title 45, Code of Federal Regulations Part 80, issued pursuant to Title VI, prohibits recipients from conducting any program, activity or service in a manner that excludes, denies, or otherwise discriminates on the basis of race, color, or national origin. Regulations of Title 45, Code of Federal Regulations Part 84, issued pursuant to Section 504, prohibits similar discrimination on the basis of disability. Regulations of Title 45, Code of Federal Regulations Part 92 builds on the aforementioned regulations and prohibits discrimination on the basis of sex. Health care and social service providers may also be subject to Title II or Title III of the Americans with Disabilities Act (ADA). Title II of the ADA prohibits discrimination against individuals with a disability in public services, and Title III of the ADA prohibits discrimination in public accommodations against individuals with a disability.

A frequent cause of discrimination on the basis of national origin in a health care setting that may violate Title VI is a provider's method of communicating with patients and other persons who, because of their national origin, have limited proficiency in speaking or understanding English. A similar cause of disability discrimination is a provider's ineffective communication with patients and other persons who have sensory or speech impairments.

Providers have an obligation under 45 C.F.R. Part 80 and Part 92 to ensure that persons with limited proficiency in English, because of their national origin, have a meaningful opportunity to apply for, receive or participate in, or benefit from the services offered. Under 45 C.F.R. Part 84, for providers with 15 or more employees, individuals with sensory or speech impairments must have an opportunity equal to, or as effective as, that afforded others to apply for, receive or participate in, or benefit from the services offered. One way for providers to meet these obligations is to establish written procedures (sample written procedures are included) and train staff on how to obtain assistance in communicating with patients who are Limited English Proficient (LEP), and who have sensory or speech impairments.

Providers have the obligation to provide communication aids and interpreters at no cost to the LEP/sensory impaired person.

# Civil Rights Compliance Information Request for Medicaid Certification



*The following is a sample procedure for effective communication with persons with sensory impairments.*

## PROCEDURE FOR COMMUNICATING INFORMATION TO PERSONS WITH SENSORY IMPAIRMENTS

**(Name of provider)** will take such steps as are necessary to ensure that qualified persons with disabilities, including those with impaired sensory or speaking skills, receive effective notice concerning benefits or services or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice are provided without cost to the person being served.

For Persons With Hearing Impairments: Qualified sign-language interpreter for persons who are deaf/hearing impaired and who use sign-language as their primary means of communication, the following procedure has been developed and resources identified for obtaining the services of a qualified sign-language interpreter to communicate both verbal and written information:

(Insert the information for obtaining the services of a qualified sign-language interpreter. The information should identify the staff person authorized to obtain the interpreter, the information on the agency that has agreed to provide the service, telephone numbers and hours of availability and/or a list of qualified staff interpreters. Methods used to train patient contact staff in the use of effective methods of communication with Sensory Impaired persons should also be included. Note: Family members and friends should be used as interpreters only if: 1) the patient/client has been made aware of the availability of qualified sign-language interpreters at no additional charge and, without any coercion whatsoever, chooses the services of family members or friends). 2) If no interpreters are available in your community (within 30 miles of provider).

If your agency/provider utilizes a Telecommunication Device for the Deaf (TDD), give an explanation of where it is located, how to operate it, and the telephone number. If there is an arrangement for sharing a TDD, give an explanation of the sharing arrangement, the telephone number and the procedures for borrowing the device.

For Persons With Visual Impairments: Reader/staff will communicate the content of written materials concerning benefits, services, waivers of rights, and consent to treatment forms by reading them out loud to visually impaired persons.

Large print, taped, and braille materials: (If any of these aids are chosen, in addition to reading, this section should tell what other aids are available, where they are located, and how they are used.)

For Persons With Speech Impairments: Writing materials, typewriters, TDD, and computers are available to facilitate communication concerning program services and benefits, waivers of rights, and consent to treatment forms.

# Civil Rights Compliance Information Request for Medicaid Certification



*The following is a sample procedure for effective communication with persons of Limited English Proficiency.*

## PROCEDURE FOR COMMUNICATION WITH PERSONS OF LIMITED ENGLISH PROFICIENCY

### POLICY:

It is the policy of **(name of provider)** to provide communication aids (at no cost to the person being served) to Limited English Proficient (LEP) persons, including current and prospective patients, clients, family members, interested persons, et al., to ensure them a meaningful opportunity to apply for, receive or participate in, or benefit from the services offered. The procedures outlined below will reasonably ensure that information about services, benefits, consent forms, waivers of rights, financial obligations, etc., is communicated to LEP persons in a language which they understand. Also, they will provide for an effective exchange of information between staff/employees and patients/clients and/or families while services are being provided.

### PROCEDURE:

1. The **(provider)** will designate **(employee name and/or title)** to be responsible for implementing methods of effective communication with LEP persons.
2. **(Employee name and/or title)** will:
  - Maintain and routinely update a list of all bilingual persons, organizations, and staff members who are available to provide bilingual services, and
  - Develop written instructions on how to gain access to these services, i.e., contact persons, telephone numbers, addresses, languages available, hours available, fees and conditions under which the person(s) are available.
3. In order to ensure effective communication and to protect the confidentiality of (client/patient) information and privacy, the **(client/patient)** will be informed that the services of a qualified interpreter are available to him/her at no additional charge. Only after having been so informed, the **(client/patient)** may choose to rely on a family member or friend in a particular situation. The choice of the **(client/patient)** and presence of an interpreter will be documented after every visit.

# Civil Rights Compliance Information Request for Medicaid Certification



## ATTACHMENT C

### SECTION 504 NOTICE OF PROGRAM ACCESSIBILITY

The regulation implementing Section 504 requires that an agency/provider *"shall adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons."* (45 C.F.R. §84.22(f))

**The following Access Notice examples meet regulatory requirements for notice to those persons able to read English printed in this format.**

#### **Access Notice** (Example )

This provider and all of its programs and activities are accessible to and usable by disabled persons, including persons with impaired hearing and vision. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons with impaired hearing, vision, speech, or manual skills, without additional charge for such aids:

**If you require any of the aids listed above, please let the receptionist or your nurse know.**

# Civil Rights Compliance Information Request for Medicaid Certification



## STATEMENT OF COMPLIANCE

Assurance is hereby given that in accordance with Title VI of the Civil Rights Act of 1964, (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), the Age Discrimination Act of 1975 (42 U.S.C. 6101, et seq.), the Americans with Disabilities Act of 1990, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and the Regulations issued thereunder by the Department of Health and Human Services (42 CFR Parts 80, 84 and 90) no individual shall, on the grounds of race, sex, color, creed, national origin, limited English proficiency age or disability, be excluded from participation, be denied the benefits of, or be otherwise subjected to discrimination under any program or services by me or this entity.

I certify that all responses and information given are true to the best of my knowledge

<b>Individual Provider</b>
<b>Printed Individual Provider's Name</b>
<b>NOT APPLICABLE</b>
<b>Individual Provider's Signature</b>
<b>NOT APPLICABLE</b>
<b>Date</b>
<b>NOT APPLICABLE</b>

<b>Group Provider</b>
<b>Printed Group Provider's Name</b>
<b>Authorized Official's Printed Name</b>
<b>Authorized Official's Signature</b>
<b>Date</b>





\_\_\_ Initial Enrollment  
ATN # NA – Alabama Department of  
Mental Health Application

\_\_\_ Reenrollment  
NPI # \_\_\_\_\_  
MCD # \_\_\_\_\_

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## PROVIDER AGREEMENT

Name of Provider: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

As a condition for participation as a provider under the Alabama Medicaid Program (MEDICAID), the provider (Provider) agrees to comply with all terms and conditions of this Agreement.

### I. ALL PROVIDERS

#### 1.1 Agreement and Documents Constituting Agreement.

A copy of the current *Alabama Medicaid Provider Manual* and the *Alabama Medicaid Administrative Code* has been or will be furnished to the Provider. This Agreement is deemed to include the applicable provisions of the State Plan, *Alabama Medicaid Administrative Code*, and *Alabama Medicaid Provider Manual*, as amended, and all State and Federal laws and regulations. If this Agreement is deemed to be in violation of any of said provisions, then this Agreement is deemed amended so as to comply therewith. Invalidity of any portion of this Agreement shall not affect the validity, effectiveness, or enforceability of any other provision. Provider agrees to comply with all of the requirements of the above authorities governing or regulating MEDICAID. Provider is responsible for ensuring that employees or agents acting on behalf of the Provider comply with all of the requirements of the above authorities.

#### 1.2 State and Federal Regulatory Requirements.

- 1.2.1 Provider has not been excluded or debarred from participation in any program under Title XVIII (Medicare) or any program under Title XIX (Medicaid) under any of the provisions of Section 1128(A) or (B) of the Social Security Act (42 U.S.C. § 1320a-7), or Executive Order 12549. Provider also has not been excluded or debarred from participation in any other state or federal health-care program. Provider must notify MEDICAID or its agent within ten (10) business days of the time it receives notice that any action is being taken against Provider or any person defined under the provisions of Section 1128(A) or (B), which could result in exclusion from the Medicaid program
- 1.2.2 Provider agrees to disclose information on ownership and control, information related to business transactions, and information on persons convicted of crimes in accordance with 42 C.F.R. Part 455, Subpart B, and provide such information on request to MEDICAID, the Alabama Attorney General's Medicaid Fraud Control Unit, and/or the United States Department of Health and Human Services. Provider agrees to keep its application for participation in the Medicaid program current by informing MEDICAID or its agent in writing of any changes to the information contained in its application, including, but not limited to, changes in ownership or control, federal tax identification number, or provider business addresses, at least thirty (30) business days prior to making such changes. Provider also agrees to notify MEDICAID or its agent within ten (10) business days of any restriction placed on or suspension of the Provider's license or certificate to provide medical services, and Provider must provide to MEDICAID complete information related to any such suspension or restriction.

- 1.2.3 This Agreement is subject to all state and federal laws and regulations relating to fraud and abuse in health care and the Medicaid program. As required by 42 C.F.R. §431.107, Provider agrees to keep any and all records necessary to disclose the extent of services provided by the Provider to individuals in the Medicaid program and any information relating to payments claimed by the Provider for furnishing Medicaid services. Provider also agrees to provide, on request, access to records required to be maintained under 42 C.F.R. §431.107 and copies of those records free of charge to MEDICAID, its agent, the Alabama Attorney General's Medicaid Fraud Control Unit, and/or the United States Department of Health and Human Services. All such records shall be maintained for a period of at least three years plus the current year. However, if audit, litigation, or other action by or on behalf of the State of Alabama or the Federal Government has begun but is not completed at the end of the above time period, or if audit findings, litigation, or other action has not been resolved at the end of the above time period, said records shall be retained until resolution and finality thereof.
- 1.2.4 The Alabama Attorney General's Medicaid Fraud Control Unit, Alabama Medicaid Investigators, and internal and external auditors for the state/federal government and/or MEDICAID may conduct interviews of Provider employees, subcontractors and its employees, witnesses, and recipients without the Provider's representative or Provider's legal counsel present unless the person voluntarily requests that the representative be present. Provider's employees, subcontractors and its employees, witnesses, and recipients must not be coerced by Provider or Provider's representative to accept representation by the Provider, and Provider agrees that no retaliation will occur to a person who denies the Provider's offer of representation. Nothing in this agreement limits a person's right to counsel of his or her choice. Requests for interviews are to be complied with, in the form and the manner requested. Provider will ensure by contract or other means that its employees and subcontractors over whom the Provider has control cooperate fully in any investigation conducted by the Alabama Attorney General's Medicaid Fraud Control Unit and/or MEDICAID. Subcontractors are those persons or entities who provide medical goods or services for which the Provider bills the Medicaid program or who provide billing, administrative, or management services in connection with Medicaid-covered services.
- 1.2.5 Provider must not exclude or deny aid, care, service or other benefits available under MEDICAID or in any other way discriminate against a person because of that person's race, color, national origin, gender, age, disability, political or religious affiliation or belief. Provider must provide services to Medicaid recipients in the same manner, by the same methods, and at the same level and quality as provided to the general public.
- 1.2.6 Provider agrees to comply with all state and federal laws relating to the preparation and filing of cost reports, audit requirements, and inspection and monitoring of facilities, quality, utilization, and records.
- 1.2.7 Under no circumstances shall any commitments by MEDICAID constitute a debt of the State of Alabama as prohibited by Article XI, Section 213, Constitution of Alabama of 1901, as amended by Amendment 26. It is further agreed that if any provision of this Agreement shall contravene any statute or Constitutional provision or amendment, whether now in effect or which may, during the course of the Agreement, be enacted, then that conflicting provision in the Agreement shall be deemed null and void. The Provider's sole remedy for the settlement of any and all disputes arising under the terms of this Agreement shall be limited to the filing of a claim against Medicaid with the Board of Adjustment for the State of Alabama.
- 1.2.8 In the event litigation is had concerning any part of this Agreement, whether initiated by Provider or MEDICAID, it is agreed that such litigation shall be had and conducted in either the Circuit Court of Montgomery County, Alabama, or the United States District Court for the Middle District of Alabama, Northern Division, according to the jurisdiction of those respective courts. This provision is not intended to, nor shall it operate to, enlarge the jurisdiction of either of said courts, but is merely an agreement and stipulation as to venue.

### **1.3 Claims and Encounter Data**

- 1.3.1 Provider agrees to submit claims for payment in accordance with billing guidelines and

procedures promulgated by MEDICAID, including electronic claims. Provider certifies that information submitted regarding claims or encounter data will be true, accurate, complete, and that such information can be verified by source documents from which data entry is made by the Provider. Further, Provider understands that any falsification or concealment of a material fact may be prosecuted under state and/or federal laws.

- 1.3.2 Provider must submit encounter data required by MEDICAID or any managed care organization to document services provided, even if the Provider is paid under a capitated fee arrangement.
- 1.3.3 All claims or encounters submitted by Provider must be for services actually rendered by Provider. Physician providers must submit claims for services rendered by another in accordance with MEDICAID rules regarding providers practicing under physician supervision. Claims must be submitted in the manner and in the form set forth in the Alabama Medicaid Provider Manual, and within the time limits established by MEDICAID for submission of claims. Claims for payment or encounter data submitted by the provider to a managed care entity or MEDICAID are governed by the Provider's contract with the managed care entity. Provider understands and agrees that MEDICAID is not liable or responsible for payment for any Medicaid-covered services provided under the managed care Provider contract, or any agreement other than this Medicaid Provider Agreement.
- 1.3.4 Federal and state law prohibits Provider from charging a recipient or any financially responsible relative or representative of the recipient for Medicaid-covered services, except where a copayment is authorized under the Medicaid State Plan. (42 C.F.R. §447.20). The provider (or its staff) must advise each recipient when MEDICAID payment will not be accepted prior to services being rendered, and the recipient must be notified of responsibility for the bill. The fact that Medicaid payment will not be accepted must be recorded in the recipient's medical record.
- 1.3.5 As a condition for eligibility for Medicaid benefits, a recipient assigns all rights to recover from any third party or any other source of payment to MEDICAID (42 C.F.R. §433.145 and §22-6-6.1, Code of Alabama 1975). Except as provided by MEDICAID's third-party recovery rules (Alabama Medicaid Administrative Code, Chapter 20), Provider agrees to accept the amounts paid under MEDICAID as payment in full for all covered services. (42 C.F.R. §447.15).
- 1.3.6 Provider must refund to MEDICAID any overpayments, duplicate payments, and erroneous payments which are paid to Provider by MEDICAID as soon as the payment error is discovered.
- 1.3.7 Provider has an affirmative duty to verify that claims and encounters are received by MEDICAID or its agent and implement an effective method to track submitted claims against payments made by MEDICAID.
- 1.3.8 MEDICAID'S obligation to make payments hereunder is subject to the availability of State and Federal funds appropriated for MEDICAID purposes. Further, MEDICAID'S obligation to make payments hereunder is and shall be governed by all applicable State and Federal laws and regulations. In no event shall the MEDICAID payment exceed the amount charged to the general public for the same service.
- 1.3.9 Provider shall not charge MEDICAID for services rendered on a no-cost basis to the general public.
- 1.3.10 Provider is prohibited from offering incentives (such as discounts, rebates, refunds, or other similar unearned gratuity or gratuities) other than an improvement(s) in the quality of service(s), for the purpose of soliciting the patronage of MEDICAID recipients. Should the Provider give a discount or rebate to the general public, a like amount shall be adjusted to the credit of MEDICAID on the MEDICAID claim form, or such other method as MEDICAID may prescribe. Failure to make a voluntary adjustment by the Provider shall authorize MEDICAID to recover same by then existing administrative recoupment procedures or legal proceedings.
- 1.3.11 Provider agrees and hereby acknowledges that payments made under this agreement are subject to review, audit adjustment and recoupment action. In the event that Provider acquires or has acquired ownership of another MEDICAID provider through transfer, sale, assignment, merger, replacement or any other method, whether or not a new Agreement is required, Provider shall be responsible for any unrecovered improper MEDICAID payments made to the previous provider. An indemnification agreement between Provider and the previous provider shall not affect MEDICAID'S right to recovery.

- 1.3.12 Provider agrees to comply with the provisions of the Alabama Medicaid Provider Manual regarding the transmission and receipt of electronic claims and eligibility verification data. Provider must verify that all claims submitted to MEDICAID or its agent are received and accepted. Provider is responsible for tracking claims transmissions against claims payments and detection and correcting all claims errors. If Provider contracts with third parties to provide claims and/or eligibility verification data from MEDICAID, the Provider remains responsible for verifying and validating all transactions and claims, and ensuring that the third party adheres to all client data confidentiality requirements.

## **II. RECIPIENT RIGHTS**

- 2.1. Provider must maintain the recipient's state and federal right of privacy and confidentiality to the medical and personal information contained in Provider's records.
- 2.2. The recipient must have the right to choose providers unless that right has been restricted by MEDICAID or by waiver of this requirement from CMS. The recipient's acceptance of any service must be voluntary.
- 2.2.1 The recipient must have the right to choose any qualified provider of family planning services.

## **III. ADVANCE DIRECTIVES - HOSPITAL, HOME HEALTH, HOSPICE, AND NURSING HOME PROVIDERS**

- 3.1 The provider shall comply with the requirements of §1902(w) of the Social Security Act (42 USC §1396a(w)) as described below:
- 3.1.1 Maintain written policies and procedures in respect to all adult individuals receiving medical care by or through the provider about patient rights under applicable state law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives;
- 3.1.2 Provide written information to all adult individuals on patient policies concerning implementation of such rights;
- 3.1.3 Document in the patient's medical record whether or not the individual has executed an advance directive;
- 3.1.4 Not condition the provision of care or otherwise discriminate against a patient based on whether or not he/she has executed an advance directive;
- 3.1.5 Ensure compliance with requirements of state law (whether statutory or recognized by the courts) concerning advance directives;
- 3.1.6 Provide (individually or with others) for education for staff and the community on issues concerning advance directives; and
- 3.1.7 Furnish the written information described above to adult individuals as required by law.

## **IV. TERM, AMENDMENT, AND TERMINATION**

This Agreement will be effective from the date all enrollment documentation has been received and verified until the date the Agreement is terminated by either party. This Agreement may be amended as required, provided such amendment is in writing and signed by both parties concerned. Either party may terminate this Agreement by providing the other party with fifteen (15) days written notice. MEDICAID may immediately terminate the Agreement for cause if the Provider is excluded from the Medicare or Medicaid programs for any reason, loses its licenses or certificates, becomes ineligible for participation in the Medicaid program, fails to comply with the provisions of this Agreement, or if the Provider is or may be placing the health and safety of recipients at risk. MEDICAID may terminate this Agreement without notice if the Provider has not provided services to Medicaid recipients in excess of five (5) claims or \$100.00 during the last fiscal year.

## **V. CIVIL RIGHTS COMPLIANCE**

Assurance is hereby given that in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000det seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), the Age

Discrimination Act of 1975 (42 U.S.C. 6101, et seq.), the Americans with Disabilities Act of 1990, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and the Regulations issued thereunder by the Department of Health and Human Services (45 CFR Parts 80, 84, and 90) no individual shall, on the ground of race, sex, color, creed, national origin, age, or handicap be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or services by this institution.

## VI. SIGNATURE AUTHENTICATION STATEMENT

To the best of my knowledge, the information supplied on this document is accurate and complete and is hereby released to Medicaid's fiscal agent and the Alabama Medicaid Agency for the purpose of enrolling with Alabama Medicaid.

I hereby authorize, consent to, and request the release to the Alabama Medicaid Agency of any and all records concerning provider, including, but not limited to, employment records, government records, and professional licensing records, and any other information requested by the Alabama Medicaid Agency for purposes of acting on my application to be an enrolled provider under the Alabama Medicaid program.

Signature of applicant (or an authorized representative if you are enrolling as a provider group/supplier)

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry.

**Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. § 3571 Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.**

2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against an individual who "knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a program under a Federal health care program. **The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.**

3. The Civil False Claims Act, 31 U.S.C. § 3729 imposes civil liability, in part, on any person who:

- a) knowingly presents, or causes to be presented, to an officer or an employee of the United States Government a false or fraudulent claim for payment or approval;
- b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
- c) conspire to defraud the Government by getting a false or fraudulent claim allowed or paid.

4. Section 1128B(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency.

A claim that the Secretary determines is for a medical or other item or service that the person knows or should know:

- a) was not provided as claimed; and/or
- b) the claim is false or fraudulent.

**This provision authorizes a civil monetary penalty of up to \$10,000 per each item or service, an assessment of up to 3 times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.**

5. The Government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment." **Remedies include compensatory and punitive damages, restitution and recovery of the amount of the unjust profit.**

Provider Signature: \_\_\_\_\_  
(Must be an original signature)

Date: \_\_\_\_\_

Name of Provider: \_\_\_\_\_